

**Documentation of Decrease in Family Size**  
*For use ONLY when change occurs after 6 months of occupancy.*

Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

☐ Effective \_\_\_\_\_ the following household member(s) will no longer reside in the above unit:

Name(s): \_\_\_\_\_

Name(s): \_\_\_\_\_

Name(s): \_\_\_\_\_

*Note: A household may continue to add and remove members as long as at least one member of the original low-income household continues to live in the unit. Once all the original tenants have moved out of the unit, the remaining tenants must be certified as a new income-qualified household unless the remaining tenants were income qualified at the time they moved into the unit.*

☐ Check here if at least one original or qualifying household member resides in the unit.

The next annual recertification for this unit is due \_\_\_\_\_. The above change will be reflected in this recertification.

Notes: \_\_\_\_\_

Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print your name: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
Title: \_\_\_\_\_